

# 2006 NATIONAL HEALTH PROMOTION CONFERENCE

*Innovations in Health Promotion: New Avenues for Collaboration*



## EXHIBIT/SPONSOR AGREEMENT

Please complete this form to be a sponsor/exhibitor at 2006 National Health Promotion Conference, September 12-14, 2006, at the Hilton Atlanta Hotel. The deadline for exhibit booth reservations is July 21, 2006; however, exhibitors are encouraged to apply as soon as possible to ensure space availability.

Be sure to book your booth early to secure the best location. (PLEASE PRINT)

Organization/Company: \_\_\_\_\_

Division/Program: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web site: \_\_\_\_\_

Special Booth Needs/Request: \_\_\_\_\_

Names of exhibit personnel (as will appear on name badges):

1) \_\_\_\_\_

2) \_\_\_\_\_

### Assignment of Space

All conference sponsors receive first priority on booth space. Additional assignments will be made based on when the signed exhibitor agreement was received by NACDD. Show management reserves the right to make the final determination of all space assignments in the best interest of the 2006 National Health Promotion Conference.

### Booth Description

Please provide a three-sentence description of your organization/company. Please note that this information will appear in the Exhibitor Directory that will be provided to all conference participants.

Please email this description and your organization's logo to [SRaven@MeetingsManagementGroup.com](mailto:SRaven@MeetingsManagementGroup.com).

☐ Non-profit/government booth(s) (8' x 10') at \$800 each

☐ Private/commercial booth(s) (8' x 10') at \$1,600 each

#### To Confirm Sponsorship:

☐ Platinum Level - \$25,000

☐ Gold Level - \$15,000

☐ Silver Level - \$10,000

☐ Patron Level - \$500

☐ Other (specify) \_\_\_\_\_

Total due: \$ \_\_\_\_\_

### Questions about sponsoring or exhibiting?

Suzie Raven

Meetings Coordinator

Phone: 703-610-1271

Fax: 703-610-9005

Email: [SRaven@MeetingsManagementGroup.com](mailto:SRaven@MeetingsManagementGroup.com)

### Questions on Attendee Registration:

Conference Manager

2006 National Health Promotion Conference Inquiries

770-488-6509

4770 Buford Hwy, NE

Mailstop K-40

Atlanta, GA 30341

Email: [ChronicConf@cdc.gov](mailto:ChronicConf@cdc.gov)

### Payment Information (PLEASE PRINT)

Register by Check, Credit Card, or Purchase Order. POs will be accepted; however, reservation will not be processed until the payment is received. Please submit PO "to be paid automatically without invoicing" when possible. Submit reservation form with payment to:

**National Association of Chronic Disease Directors (NACDD)**

**Attn: Robert Smariga**

**2872 Woodcock Boulevard, Suite 220**

**Atlanta, GA 30341**

**Email: [RSmariga@ChronicDisease.org](mailto:RSmariga@ChronicDisease.org)**

☐ Purchase Order

PO #: \_\_\_\_\_

☐ Check Enclosed

☐ Credit Card

☐ Visa ☐ MasterCard ☐ Amex

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Federal Tax ID Number: 73-1328414

Visit [www.cdc.gov/cochp/conference/index.htm](http://www.cdc.gov/cochp/conference/index.htm) for more information.